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OO10/PTO Rev. 12/95	US Department of Commerce Patent and Trademark Office	Attorney Docket Number First Named Inventor COMPLETE IF KNOWN:	ARC 2483 AYER, ATUL D.
DECLARATION		Application Number	UNASSIGNED
<input checked="" type="checkbox"/> Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing <input type="checkbox"/> Declaration <input type="checkbox"/> Submitted after Initial Filing		Filing Date	HEREWITH
		Group Art Unit	UNASSIGNED
		Examiner Name	UNASSIGNED

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

UNIFORM DRUG DELIVERY THERAPY

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/014,889	04/05/1996	<input type="checkbox"/>

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: ALZA Corporation

Payor
Number: 01-1173
(if applicable)

Name	Registration Number	Name	Registration Number
Steven F. Stone	20,246	D. Byron Miller	30,661
Paul L. Sabatine	22,539	Christopher P. Rogers	36,334
Michael J. Rafa	38,740	Mary Ann Dillahunt	34,576

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

ATUL D. AYER

A petition has been filed for this unsigned inventor.

Given

Name: ATUL

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Initial: D.

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Name: AYER

Suffix:

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Country:

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Applicant

Authority:

Additional inventors are being named on supplemental sheet(s) attached hereto.

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ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:

ANDREW LAM

A petition has been filed for this unsigned inventor.

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Citizenship: USA

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Applicant
Authority:

Additional inventors are being named on supplemental sheet(s) attached hereto.

PATENT AND TRADEMARK

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DECLARATION			PRIORITY DATA (Supplemental Sheet)	
Additional Foreign Applications:				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional Provisional Applications				
Application Number		Filing Date (MM/DD/YYYY)		
Additional US Applications				
US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	

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DECLARATION

**ATTORNEY and/or AGENT INFORMATION
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number